

United States District Court

MIDDLE

DISTRICT OF

PENNSYLVANIA

UNITED STATES OF AMERICA

v.

HARVEY HOLLAND

FILED
SCRANTON

JAN 13 2006

MARY E. D'ANDREA, CLERK, Dkt. No. 05-5471
Per _____ D.C. No. 01-cr-001956
DEPUTY CLERKAPPLICATION TO PROCEED IN
FORMA PAUPERIS, SUPPORTING
DOCUMENTATION AND ORDERI, Harvey Holland, declare that I am the (check appropriate box) petitioner/plaintiff movant (filing 28 U.S.C. 2255 motion) respondent/defendant

other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, cost or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as follows:

INEFFECTIVE ASSISTANCE OF ASSISTANCE OF TRIAL, APPEAL, AND POST COLLATERAL
COUNSELS.

ABUSE OF DISCRETION BY TRIAL/POST COLLATERAL COURT.

In further support of this application, I answer the following questions.

1. Are you presently employed?

Yes No

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer. (list both gross and net salary)

Prison wages

b. If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received.

2. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or other form of self-employment
b. Rent payments, interest or dividends?
c. Pensions, annuities or life insurance payments?
d. Gifts or inheritances?
e. Any other sources?

Yes No

Yes No

Yes No

Yes No

Yes No

Affidavit Accompanying Motion for Permission to Proceed in the District court and/or on Appeal in Forma Pauperis in Habeas Corpus Cases under 28 U.S.C. Sections 2241 and 2254.

United States District Court for the Middle District of Pennsylvania

HARVEY HOLLAND

(Plaintiff)

V.

UNITED STATES OF AMERICA

(Defendant(s))

District Court Case No. 01-cr-00195-6

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Harvey Holland

Instructions

Complete all questions in the application and then sign it. Do not leave any blanks. If the answer to a question is "O," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: December 30, 2005

My name issues are:

INEFFECTIVE ASSISTANCE OF ASSISTANCE OF TRIAL, APPEAL, AND POST COLLATERAL COUNSEL.

ABUSE OF DISCRETION BY TRIAL/POST COLLATERAL COURT.

For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during During the past 12 months	Amount expected Next month
	You	You
Employment	\$ 25.00	\$ 25.00
Self-employment	\$ N/A	\$ N/A
Income from real Property (such as rental income)	\$ N/A	\$ N/A
Interest and Dividends	\$ N/A	\$ N/A
Gifts	\$ N/A	\$ N/A
Alimony	\$ N/A	\$ N/A
Child Support	\$ N/A	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ N/A
Disability (such as social security, insurance payments)	\$ N/A	\$ N/A
Unemployment Payments	\$ N/A	\$ N/A
Public Assistance (such as welfare)	\$ N/A	\$ N/A
Other specify:	\$ N/A	\$ N/A
Total monthly income:	\$ 25.00	\$ 25.00

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>None</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>n/a</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial	Type of account	Amount you have	Amount your spouse Has
<u>n/a</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other estate	Real (Value)
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<u>1/17</u>		

Motor Vehicle #1

Value 1/17
 Make & Year _____
 Model: _____
 Registration #: _____

Motor Vehicle #2

Value 1/17
 Make & Year _____
 Model: _____
 Registration #: _____

Other Assets**Value of other assets**

<u>1/17</u>	

6. State every person, business, or organization owing your or your spouse money, and the amount owed.

Person owing you or your Spouse money	Amount owed to you	Amount owed to your spouse
---------------------------------------	--------------------	----------------------------

<u>1/17</u>		

7. State the person who rely on you or your spouse for support.

Name	Relationship	Age
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<u>1/17</u>		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate:

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are real-estate taxes included?	Yes <u>N/A</u>	No <u>N/A</u>
Is property insurance included.	Yes <u>N/A</u>	No <u>N/A</u>
Utilities (electricity, heating fuel, water, sewer and Telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs & upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>N/A</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry & Dry-Cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)		
Recreation, entertainment, newspapers magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance, not deducted from wages or Included in Mortgage payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Homeowner's or renter's		
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):		
Installment payments	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card	\$ <u>N/A</u>	\$ <u>N/A</u>
(Name)		
Department store (Name):	\$ <u>N/A</u>	\$ <u>N/A</u>
Other	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support Paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of		

Business, profession, or farm (attach
Detailed statement) \$ N/A \$ N/A

TOTAL MONTHLY EXPENSES: \$ N/A \$ N/A

9. Do not expect any major changes in your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No ✓ If yes, describe on an attached sheet.

10. Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form? Yes No ✓
If yes, state the attorney's name, address, and telephone number:

11. Have you paid or will you be paying-anyone other than an attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

Yes No ✓

If yes, how much? \$

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I work on the block, which is Prison wage.

13. State the address of your legal residence.

*1000 Dallas Rd
Dallas, PA 18612*

Your daytime phone number: _____

Your age: 45

Your Social Security number: 172 - 50 - 9310

I declare under the penalty of perjury that the foregoing is true and correct:

Janey Holland
Petitioner's signature

Executed on January 9, 2006
(DATE)

CERTIFICATION

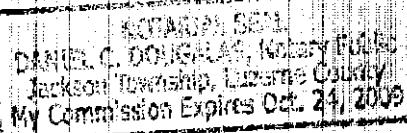
I hereby certify that the petitioner herein has the sum of \$ 13.08 on account to his credit at the SCF Dallas Institution where he is confined. I further certify that petitioner likewise has the following securities to his credit according to the records of said Dallas Institutions:

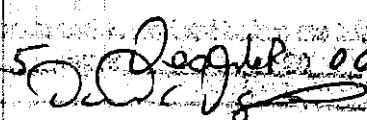

Donny Hayes CSUC

AUTHORIZED PRISON OFFICIAL

1-5-06
DATE

Commonwealth of Pennsylvania




50 Dec 16 06

Mr. Harvey Holland
EP8162
1000 Follies Road
Dallas, PA 18612

January 9, 2006

United States District Court
for the Middle District of Pennsylvania
Clerk of Court
Ms. Mary E. D'Andrea
U.S. Post Office and Courthouse
Scranton, PA 18501

RE: UNITED STATES OF AMERICA V. HARVERY HOLLAND
DKT. No. 05-5471
D.C. No. 01-cr-00195-6

Dear Ms. D'Andrea:

Respectfully enclosed you will find two copies of Application
to Proceed in Forma Pauperis, Supporting Documentation and
Order and Affidavit.

A copy of same has been forwarded to the U.S. Attorney's Office
and the Third Circuit Court of Appeals.

At this time, I am invoking the mailbox rule pursuant to:
Houston v. Lack, 108 S.Ct. 2379 (1988).

In advance, thank you.

Cordially,

Harvey Holland
Mr. Harvey Holland

xc: HH/mo/file

Name Mr. Harvey Holland
Number EP8162
State Correctional Institution at Dallas
1000 Follies Road, Dallas, Pa. 18612

INNATE MAIL PA DOC



Hasler

016H16
\$00
01/11/2006
Mailed From
US PO

William J. Nealon Federal
Building
235 N. Washington Avenue
Scranton, PA 18501

RECEIVED
SCRANTON
JAN 13 2006

PER Mr
DEPUTY CLERK